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FACTS ABOUT CHILD HEALTH

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HOW MANY CHILDREN ARE THERE IN THE UNITED STATES?

Children under 20 comprise slightly more than one-third of the total population of the nation; those under 15 comprise one-fourth.

Preliminary figures from the 1940 census, based on a 5-percent cross section of the returns show 45,461,179 persons under 20 years of age in the United States, grouped by ages as follows:

Under 5 years of age ---	10,597,891
5 to 9 years -----	10,725,873
10 to 14 years -----	11,790,934
15 to 19 years -----	12,346,481

The White House Conference on Children in a Democracy (1940) stated: "For numbers alone, if for no other reason, these voteless fellow citizens who hold the national future in their bodies and minds are necessarily a first interest of the Nation."

HOW MANY BABIES ARE BORN IN THE UNITED STATES?

In 1940, the latest year for which figures are available, 2,360,399 infants were born alive in the United States. This is a birth rate of 17.9 per 1,000 population. In 1915, when the birth-registration area was first established, the birth rate was 25.

The trend in the birth rate in the United States was downward for many years. The decline reached its low point in 1933, when the rate was 16.6.

Year	Births	Birth rate
1933	2,081,232	16.6
1934	2,167,636	17.2
1935	2,155,105	16.9
1936	2,144,790	16.7
1937	2,203,337	17.1
1938	2,286,962	17.6
1939	2,265,588	17.3
1940	2,360,399	17.9

HOW ARE THESE CHILDREN DISTRIBUTED?

There are more children in proportion to the number of adults in the productive age groups in some parts of the country than in others. Counties having an extremely high ratio of children to adults are located, in the main, in the southeastern States.

The latest available data (preliminary figures from the 1940 census) show that among the geographic regions the ratio of children under 20 years of age to adults 20-64 years of age varied as follows:

	Children to 100 adults		Children to 100 adults
Far West	45	Northwest	64
Northeast	52	Southwest	70
Middle	54	Southeast	77

For the most part areas with the lowest level of income carry relatively the heaviest load for child nurture and education.

The number of children of school age in relation to adults 20-64 years of age is lowest in cities of 100,000 or more and is also low in small cities. It is higher in rural nonfarm areas than in cities and is highest in farm areas.

In every region of the United States except the Far West the farm population has a percentage of children of school age far in excess of its percentage of the national income. Since the dominant feature of migration within the United States in recent years has been the movement from farms to cities, it is as important to cities as to rural areas that children in rural areas receive adequate care.

WHAT DOES A CHILD NEED FOR HEALTH AND GROWTH?

To be well born.--Heredity determines certain of a child's characteristics, such as the color of the eyes and hair. Heredity is also a factor in the size of the child. Short, stocky parents should not worry because their child is not so tall as one whose parents are tall and slender. Heredity plays a role in many other ways.

Being well born depends also on the health of the mother during the prenatal period and upon being born safely. In order that the baby may have the best possible chance of starting out in life with a well-developed body the mother's health must be protected during pregnancy. She must be assured proper food, exercise, and rest. If abnormalities develop they must be recognized early and the necessary steps must be taken to correct them.

In order that the baby may have the best possible chance of being born safely without injury, the delivery must occur under safe conditions, with a skilled attendant who knows in advance whether any difficulties are to be expected and is prepared to meet them.

To be well housed.--For the child's health good housing means freedom from undue crowding in the home, fresh air, warmth, sunshine, quiet, and cleanliness. It means a neighborhood where a pure water supply is available and where there are proper provisions for disposal of excreta and garbage.

To be well fed.--For the young infant, being well fed means having his mother's milk, if possible, or cow's milk (made safe by boiling) in a mixture suited to his individual needs. Vitamins that promote health and the development of a sound body should be supplied early by giving cod-liver oil and orange juice or their substitutes in the proper amounts. As the baby grows older other essential foods are added to his diet, but milk remains important. Good food habits should be developed during infancy.

After infancy, being well fed means that the child has foods in sufficient variety and amount to provide for all the needs of his growing body. It means good food habits.

To have good daily care.--The child is well cared for if he is loved, if he is kept comfortable and clean, if he is helped to learn good health habits, and if he is given the opportunity to develop his growing powers.

Keeping a child comfortable means attention to such things as suitable clothing, bedding, room temperature. Cleanliness is important, but keeping a child clean does not mean that he should not be allowed to get dirty in active play.

To develop good health habits the baby should from the first have regular hours for eating, sleeping, sunshine, and play, but the schedule should be flexible and adjusted to his individual needs. Later, good habits of outdoor exercise and personal hygiene must be established.

In order that he may develop his growing powers to their full capacity the child needs opportunities for activity, play, and companionship. He needs a chance to learn independence; he needs guidance in directing his activities into proper channels; and he needs education.



To be protected against disease.--Against some diseases the only protection possible is to make sure that the child's feeding and care are adjusted to his needs. Against communicable diseases avoidance of exposure is important: a child should be kept away from persons known to have colds or other communicable diseases; young children should be kept away from crowded places.

For a few diseases specific methods of protection are available. Every child should be immunized against smallpox and diphtheria during the first year of life.

Smallpox is a serious disease. Even though there is no known smallpox in the community, exposure may occur at any time. In these days of rapid travel a person who has been exposed to smallpox in one community may travel to another community far distant before he knows that he is developing the disease and is capable of spreading it.

Vaccination against smallpox is simple. Every baby should be vaccinated during his first year. The child should be vaccinated again when he is 6 years old and when he is 12, or at any time if an epidemic of smallpox occurs. If there is any reason to doubt whether a child is immune it is wise to vaccinate him again.

Diphtheria is another serious disease against which special protection can be given. For immunization, plain toxoid in three injections or alum-precipitated toxoid in two or three injections is given at 4-week intervals. Six months after the last dose a Schick test should be given; for the occasional child who has a positive Schick test one or two more injections of toxoid will be needed.

Diphtheria immunization should be started when the child is 9 months old. If it is not given then, it should be started as soon thereafter as possible. At the time he enters school the child should be given a reinforcing inoculation against diphtheria.

President Roosevelt has called the Nation's attention to the importance of smallpox and diphtheria immunization by urging, in his 1942 proclamation designating May 1 as Child Health Day, that every effort be exerted to have all children of suitable age immunized against these diseases before May Day.

To receive proper treatment for defects or illness.--If a child has any physical defects it is important that they should be recognized early and corrected at the most suitable time. Defects that could be corrected often impair a child's health or limit his activities. If they are recognized early it may be possible to correct them before they become serious.

Dental defects are common in children. They should be corrected promptly, since dental health is an integral part of general health.

The sick child needs diagnosis and appropriate treatment. If these are given early, more serious illness may be prevented.

To learn how to protect his own health.--Health education begins with learning good health habits. As the child grows older he needs to learn what is important for the protection of his health in order that he may assume an increasing share of the responsibility every individual has--to maintain himself in the best possible state of health.

BY WHOM MUST THE HEALTH NEEDS OF CHILDREN BE MET?

By the parents.--It is the parents who provide the child's daily care and who are responsible for seeing to it that every possible measure is taken for the protection of his health. Parents alone cannot meet all of the child's health needs. In order that they may plan wisely for the child's care from day to day and may know what measures are important for the protection of the child's health, they need guidance from persons whose special training equips them to give such assistance. Certain measures for health protection cannot be carried out by the parents themselves because technical training or special facilities are required. But it is the duty of the parents to make the best possible use of such expert aid as is available to them to the end that all of the child's health needs may be met.

With the aid of the doctor.--The doctor is the expert to whom the parents should turn for guidance and assistance in anything that pertains to the health of the child.

The doctor should examine the mother early in pregnancy, supervise her health throughout the prenatal period, and treat her for any abnormalities that occur. It is the doctor who can give skilled care at the baby's birth in order that the child may have the best chance of coming into the world safely.

The doctor who is experienced in the care of children is the person who can judge best what foods are specially suited to the child's needs during infancy and what special care the child may need. In infancy and throughout childhood it is the doctor who can tell, by careful examination, whether the child's health needs are being met and whether defects exist that should be corrected. It is he who can advise the parents about the child's health habits and about protecting him from disease. He can give the immunizations that will make the child safe from certain diseases. Only he can give the medical or surgical care necessary for correction of defects or cure of disease.



There are times when the general practitioner needs advice and assistance in the care of the mother or child. For such times there should be available the consultation services of specialists in the various medical and surgical fields, including obstetrics, pediatrics, internal medicine, and dentistry.



With the aid of the public-health nurse.--- The public-health nurse can help the parents to protect the child's health in many important ways--by explaining and demonstrating how to carry out the doctor's recommendations; by helping the doctor to know the special needs of the mother and child; by aiding the doctor when the baby is born and by giving expert care to the mother and baby in the days that follow; by teaching the mother how to care for the baby and aiding her in establishing routines for the care so that her responsibilities for the well-being of all members of the family may be met most effectively; by guiding the parents in securing any special types of assistance they require.

With the aid of the dentist.---Among the most common of the physical defects that should be recognized and treated promptly during childhood are those of the teeth. Early and regular dental care is so important to the health of the child that all parents should have the assistance of a dentist in meeting the child's health needs. No one else can make the repairs necessary to prevent tooth decay from advancing rapidly.

With the aid of the hospital.---In many serious illnesses of children and in conditions requiring surgical treatment or in obstetric emergencies, hospital care for the child or the mother may be essential for recovery. A good hospital, equipped to give suitable care to maternity patients and to infants and children, with obstetricians and pediatricians on its staff, gives assistance of a type that most families are likely to need at some time.

With the aid of other experts.---There are other types of special assistance that parents may need from time to time as special situations arise and for which they should be able to turn to experts--to the nutritionist, who can advise regarding the child's food requirements and the selection, purchase, and preparation of foods; to the mental hygienist, who can advise regarding problems of behavior and management; to the social worker, who can advise regarding problems of family adjustment.

Certain types of assistance are indirect. The housing authority and the sanitarian who are engaged in improving the living conditions in the community give services that help to meet the child's needs to be well housed and well fed, though often the parents are scarcely aware of their activities.

HOW CAN ALL CHILDREN HAVE THEIR HEALTH NEEDS MET?

Most children have parents who are eager to give them every opportunity for health. But not all parents can by their own efforts obtain the assistance that they need in meeting their children's health needs. In order that all children may have their rightful opportunity for health, health departments are more and more making available such assistance to parents.

The local health departments of most cities and many counties have physicians and public-health nurses on their staffs who give all or much of their time to health services for mothers and children. In some areas where the health department does not provide these services, the town, the county, or the school board employs at least one public-health nurse to give some measure of protection to the health of mothers and children. These needed services are comparatively rare, however, in the smaller towns and rural areas.

The maternal and child-health services that are most frequently offered by health departments include the following:

Prenatal clinics conducted by physicians, with the assistance of public-health nurses, to provide medical and nursing supervision and instruction for expectant mothers.

Child-health conferences conducted by physicians, with the assistance of public-health nurses, to provide medical and nursing supervision for infants and young children and instruction to their parents regarding the care of the children.

School health services to safeguard the health of school children by medical and dental examinations, by nursing supervision, and by the teaching of hygiene.

Home visiting by public-health nurses to advise parents regarding the care of their children or of the expectant mother and to demonstrate to them how such care may be given.

Immunization services to protect children against smallpox and diphtheria. These services are frequently given as a part of the child-health conference and the school health services.

Dental inspection or educational services to help children and parents to appreciate the importance of dental care and dental hygiene. These services are frequently given as part of the prenatal clinic, child-health conference, or school health services.

Nutrition services to guide and assist parents in the selection, purchase, and preparation of foods so that their children may be well fed. The nutrition services are an important part of all the other services that have as their purpose the guidance of parents or children in the promotion of general health.

Other valuable health services for mothers and children that are provided by health departments in a smaller number of communities, include--

Consultation services by specialists in obstetrics and pediatrics.

Nursing assistance to physicians attending deliveries in the home, and nursing care and supervision for mother and baby during the lying-in period.

Special services for premature infants by nursing care and supervision in the home, or by provision for special care in hospitals.

Corrective dental services for school and preschool children and for expectant mothers.

Medical care for the mother when the baby is born and for mother and baby during the lying-in period.

Medical and nursing care for sick children.



Hospital care for mothers at the time of childbirth when there is special need for such care.

Hospital care for sick children.

To aid local health agencies in carrying on their maternal and child-health programs, each State has a maternal and child-health division in the State health department, with a physician in charge of the State-wide program. Public-health nurses, and in many States additional physicians, dentists, nutritionists, and health educators, are on the State health department staffs to assist the local agencies. Many State health departments are providing postgraduate instruction in maternal and child care to physicians, dentists, and nurses so that they may be kept abreast of the latest knowledge in these fields.

Each State also has a crippled children's agency with facilities for locating crippled children and for giving them medical, surgical, hospital, and aftercare services to aid in their physical restoration and social readjustment. (These services are described in the Children's Bureau folder: Facts About Crippled Children.)

To assist the State and local governments in their programs to promote the health of mothers and children, the Federal Government under the Social Security Act is making available, through the Children's Bureau, \$5,820,000 a year for grants to the States for maternal and child-health services. The Children's Bureau cooperates with the States in the development of their programs by providing the consultation services of physicians, public-health nurses, and nutritionists on its staff. Through the United States Public Health Service the Federal Government makes available an additional sum of \$11,000,000 a year for strengthening State and local public-health organization.

HOW WELL ARE CHILDREN'S HEALTH NEEDS BEING MET?

There are no figures that tell how many children have health needs that are not being met. Studies and surveys have been made in various communities, but since conditions differ from one area to another the results of a study of the children in one community cannot be applied to the children elsewhere. Moreover, different methods and different standards have been used in the various studies, so that the results of one study are often not comparable with the results obtained in another.

It is generally recognized that there are in practically every community families that cannot from their own resources obtain the aid they require to meet their children's health needs. Assistance must be made available to these families if the needs of the children are to be met. How widely is such assistance available? The answer to this question will give an idea of how well children's health needs are being met.

Most of the large cities are generally pretty well provided with health and medical services for children. But of the small cities (10,000 to 25,000 population) one-fourth have no child-health conferences, and nearly one-half have no prenatal clinics. Only 2 percent of cities with less than 10,000 population have an outpatient clinic to which sick children may be sent.

Most of the well-organized health services available for mothers and children in small towns and rural areas are provided by health departments supervised by State health agencies, or, in the case of school services, by school authorities. Outside the

cities the health services provided by voluntary agencies are very few. Welfare departments provide some medical care for illness in a number of counties and some county and town boards appoint physicians; but the medical care that is available is often confined to the indigent, is frequently poorly organized or limited in scope, and in many counties is lacking entirely or is of very poor quality. The number of counties in the United States in which the different health services for mothers and children are provided under the supervision of State health agencies is shown in Table I.

Table I.--Number of counties in which certain health services for mothers and children were provided under supervision of State health agencies during the year ended June 30, 1941. ^{1/}

Services	Number of counties
Prenatal clinics, conducted by physicians at least monthly -----	717
Child-health conferences, conducted by physicians at least monthly -----	929
Examination of school children -----	1,250
Public-health-nursing service which includes services for mothers and children: One or more nurses in county -----	1,869
Dental services:	
Educational or inspection -----	1,199
Corrective:	
Maternity -----	85
Preschool -----	256
School -----	553
Home-delivery-nursing services -----	131
Medical care:	
For children -----	31
For mothers at delivery -----	25
Hospital care:	
For children -----	14
For mothers at delivery -----	19
Consultation in nutrition given to county public-health personnel by State staff nutritionist -----	835

^{1/} Reports cover 2,862 counties in 46 States, District of Columbia, Alaska, Hawaii, Puerto Rico; no figures included for Kansas and Missouri, and no figures on public-health-nursing service included for Kansas, Missouri, and Ohio.

It is obvious from examination of these figures that there are many counties in the United States where there are no health services for mothers and children under supervision of State health departments. Approximately one-third of the counties do not even have

a public-health nurse giving maternal and child-health services; in nearly three-fourths of them public-health authorities have not made child-health conferences available. In only a comparatively few counties have health departments provided for medical or hospital care of obstetric patients or of children, or for home-delivery-nursing services.

HOW IS THE WAR AFFECTING MOTHERS AND CHILDREN?

Rapid increase in civil population in defense areas has created many problems affecting the health of the mothers and children in those areas. Immediate problems relate to housing, water supply, sewerage, milk, malaria prevention, and hospital and clinic facilities. These services are basic to the health of mothers and children.

In addition, special measures to provide maternal and child-health services, including medical and nursing care, are imperative. Serious shortages in maternal and child-health facilities and in medical and nursing personnel available for service to mothers and children exist in many defense areas. Many of the communities affected by the defense program have made no provision for maternal and child-health clinics and public-health-nursing service. Shortage of obstetric attendants and of doctors and nurses for maternal and child-health conferences is acute in some areas, and hospital facilities for maternity care are often seriously overtaxed and far below standards of safety. The situation is often especially serious for newcomers, who are considered nonresidents and therefore not eligible for public medical care.

IS PROGRESS BEING MADE IN PROMOTING THE HEALTH OF CHILDREN?

Since it is not possible to determine what proportion of the children of the country are in good health, progress in promoting child health can be judged best by studying the proportion of mothers and babies who die each year. For each mother or baby who dies it is safe to assume that there are others whose health is impaired. The mortality figures therefore give an index of general health.

How many mothers die?--The health of the mother is so closely related to that of the baby that any decrease in the maternal mortality rate may be interpreted as a sign of improvement in child health.

During 1940, 8,876 mothers died from causes due directly to pregnancy and childbirth--a rate of 38 deaths of mothers per 10,000 live births. This was 275 fewer deaths than in 1939, when the maternal mortality rate was 40, and 1,077 fewer than in 1938, when the rate was 44.

The 1940 maternal mortality rate was the lowest on record for the United States. There are still, however, far too many maternal deaths. Of the 8,876 deaths of mothers in 1940, 3,626 (41 percent) were due to infections; 2,250 (25 percent) to toxemias of pregnancy; 2,058 (23 percent) to hemorrhage, trauma, or shock; and 942 (11 percent) to other puerperal causes. Abortion was responsible for 1,682 maternal deaths (19 percent), 1,334 with mention of infection and 348 without.

The lowest maternal mortality rate in 1940 was in North Dakota--17 deaths of mothers per 10,000 live births. Fourteen other States also had rates between 20 and 30; 15 had rates between 30 and 39; 9 had rates of 40-49; and 9 had rates of 50 or higher. The low rates in some States emphasize the fact that further reduction of the national rate is possible.

The maternal mortality rate per 10,000 live births in 1940 was 32 for white mothers and 78 for Negro mothers.

For 1939, the last year for which maternal mortality figures are available by residence of mothers, the maternal mortality rate for women who lived in rural areas was 41, as compared with 39 for women who lived in cities.

How many babies are stillborn?--In 1940, 73,688 infants were stillborn (31.2 per 1,000 live births); in 1939 there were 72,598 (32.0 per 1,000 live births); and in 1938, 73,467 (32.1 per 1,000 live births). The findings of the Children's Bureau study of stillbirths in hospitals emphasize the importance of good prenatal and delivery care in prevention of stillbirth. More than half (58 percent) of the stillborn infants included in the study died before labor; the remainder (42 percent) died during labor. The causes of death of the stillborn infants who died during labor are similar to those for infants dying during the first day of life.

How many babies die?--In 1940 there were 110,984 deaths in the first year of life. The infant mortality rate for the year was 47 per 1,000 live births. In other words, 1 baby out of every 21 born alive died before his first birthday. The 1940 infant mortality rate was lower than that of any previous year.

Minnesota and Oregon set a new all-time low State record with an infant mortality rate of 33. Connecticut came next with a rate of 34. Fifteen States had rates of less than 40 per 1,000 live births; 23 States and the District of Columbia had rates of from 40 to 54; 8 had rates of 55 to 69; and 2 had rates of 70 or more. Seven of the ten States with rates of 55 or higher were southern States and three were western States.

Since 1915 the trend of the infant mortality rate in the birth-registration area has been downward. The rate in 1915 was 100 as compared with 57 in 1936, 54 in 1937, 51 in 1938, 48 in 1939, and 47 in 1940.

The reduction in infant mortality between 1915 and 1940 was due largely to reduction in the rate for infants dying from the second through the twelfth month of life and especially to decreasing mortality from gastrointestinal and communicable diseases.

The death rate of infants under 1 month of age (neonatal mortality) has declined (1915, birth-registration area, 44; 1940, United States, 29), but much less than the general infant mortality rate (1915, 100; 1940, 47). The rate of death on the first day of life has been reduced very little.

The deaths of 67,866 babies occurred in the first month of life in 1940. Eighty-four percent died as a result of conditions arising before birth or at the time of birth; included in this group are the 46 percent born prematurely and the 15 percent injured at birth. Deaths in the first month of life constituted 61 percent of the deaths in the first year.

How many mothers and babies could be saved?--On the basis of 193,548 deaths--stillbirths, deaths of mothers, and deaths of infants during the first year of life--that occurred in 1940, it is estimated that about 66,000 lives of mothers and infants might have been saved. The lower mortality rates that prevailed in 1940 show progress in saving lives of mothers and babies. Had the 1939 mortality rates prevailed in 1940, there would have been 1,845 more stillbirths, and 566 more mothers and 2,315 more infants would have died.

WHAT ARE THE CHANCES OF SURVIVAL OF CHILDREN AND YOUTH?

If a child is born alive and is strong enough to survive the hazards of the first month, his chance of reaching maturity is good. United States preliminary life tables for 1930-39 (United States Bureau of the Census) show that the expectation of life at birth of a white boy baby is 61 years and of a white girl baby is 65 years. Boy babies who survive the first year live, on the average, to the age of 63; girl babies who survive the first year live, on the average, to the age of 67.

Mortality rates for boys and girls decrease rapidly after the first year until the lowest rate is reached at the age of 11 or 12. From then on the mortality rates increase with each year of age.

Study of the major causes of death of children and young persons throws light on the high incidence and relative importance of certain causes of death. It also gives some indication of the number of children affected by similar conditions who, though they recover, may have suffered injury to their health.

Table II.--The 10 leading causes of death among persons under 20 years of age in the United States during 1940

Cause of death	Total		Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years
	Number	Percent					
All causes -----	180,083	100.0	110,984	24,678	11,570	11,683	21,168
The 10 leading causes ----	125,633	69.8	83,197	14,942	6,746	7,234	13,514
Premature birth -----	32,346	18.0	32,346	--	--	--	--
Pneumonia (all forms) ---	21,468	11.9	14,881	4,097	805	667	1,018
Accidents -----	19,109	10.6	2,623	4,228	3,286	3,180	5,792
Congenital malformations	12,579	7.0	11,038	880	288	186	187
Diarrhea and enteritis --	11,075	6.2	8,222	2,572	131	63	87
Injury at birth -----	10,506	5.8	10,506	--	--	--	--
Tuberculosis (all forms)	6,162	3.4	496	1,047	469	775	3,375
Influenza -----	4,845	2.7	2,696	1,231	311	238	369
Diseases of the heart ---	3,984	2.2	354	308	645	1,147	1,530
Appendicitis -----	3,559	2.0	35	579	811	978	1,156
All other causes -----	54,450	30.2	27,787	9,736	4,824	4,449	7,654

Based on data from U. S. Bureau of the Census.

WHAT ARE THE PLANS FOR THE DAYS AHEAD?

The importance of measures for conserving and advancing the health of children has been widely recognized, but in time of war all programs must be reviewed to determine their importance in relation to the emergency.

The relation of maternal and child health to national defense--for the health of the child is first assured through the health of his mother--is threefold:

1. The immediate relation of the health of their wives and children to the morale of men in the service and in war industry.

2. Prevention of the economic and social waste involved in caring for preventable illness.

3. The building of a strong and healthy generation of citizens prepared to cherish and extend a way of life based on the principles of freedom.

The White House Conference on Children in a Democracy, held in Washington in 1940, created the National Citizens Committee to give national leadership in making the recommendations of the Conference effective. At its organizing meeting this committee urged the importance of the maintenance and extension of health services and medical care for all, particularly for mothers, children, and youth, and emphasized also the importance of nutrition in a program of national defense. Citizens committees have been organized in a large number of the States to follow up on the recommendations of the White House Conference with studies of present situations and conditions and promotion of programs for the health and welfare of mothers and children.

The recommendations of the White House Conference on Children in a Democracy included the following:

1. The health and well-being of children depend to a large extent upon the health of all the members of their families. Preventive and curative health service and medical care should be made available to the entire population, rural and urban, in all parts of the country.

2. For all women during maternity and for all newborn infants, complete service for maternity care and care of newborn infants should be available through private resources or public funds.

3. For all infants and children preventive and curative medical services should be available, including adequate means for control of communicable disease.

At the National Nutrition Conference for Defense, held in Washington in May 1941, the importance of good nutrition for mothers and children was recognized by the devoting of one division of the section of Public Health and Medical Aspects of Nutrition to the subject of Special Needs of Mothers and Children. Some State nutrition committees were already in existence when the national nutrition program was conceived, and within a few months after the National Conference every State had its own nutrition committee with broad representation from public and private agencies. In the light of all information available, including pertinent studies, each committee is trying to analyze the nutritional situation in its State to determine the most urgent needs--those requiring immediate attention--and to find the means by which they can best be met.

These State committees--the follow-up committees of the White House Conference and the nutrition defense committees--represent and serve to stimulate and coordinate the activities of individual organizations and agencies within the States, and they must depend upon these organizations and agencies and upon individual citizens for support and for cooperation in planning to meet the needs of mothers and children and in putting these plans into effect.

There is an increasing shortage of professional workers trained to provide health services for mothers and children. Plans for volunteer participation in this field are being developed by which volunteers working under the supervision and guidance of the professional staff of health agencies can enable the technically trained workers to serve larger groups effectively. Special training programs for volunteers in child care will be organized under local councils of civilian defense to prepare volunteers of two types--those who will be responsible for stimulating, initiating, and supporting public action for the care and protection of children and those who will assist in the day-by-day work of an agency rendering care.

Plans for promoting the health of the children of all the Americas will be formulated at the meeting of the Pan American Child Congress to be held in Washington, May 2-9, 1942.

